



AZ Medicaid Outpatient Workgroup Meeting

February 2, 2005

10:00 A.M. – 11:00 A.M.

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Sara Harper, AHCCCS

Meeting Facilitated By: Lori Petre, AHCCCS

Attendees:

(Based on sign-in sheets)

AHCCCS

Cynthia Barker

Dick Azzi

Nancy Upchurch

Mike Upchurch

Lori Petre

APIPA

Sharon Zamora

Care1st

Tilda Garcia

CMDP

Paula Cook

Cochise

Marcia Goerd

Susan Speicher

DES

Pat Fizer

EP &P

Sue Carter

Evercare

Jack Holstrom

MCP Schaller

Cathy Jackson-Smith

Colleen Gurule

Melanee Jones

MMCS

Linda Adams

Phoenix Health Plan

Greg Lucas

JoAnn Ward

DHS

Brian Heise

Jerri Gray

Dimiter Penin

Pima

Marsha LeBlanc

Pinal

Susan Murphy

UFC

Kathy Steiner

John Valentino

Jean Warner

UFC

Kim Bolton

UHC

Alexia Cathers

Sean Stepp

Ramana Tumuguntla

Yavapai

Becky Ducharme

Jean Willis

1. Welcome (Lori Petre)

We'll get started. Everyone should have a packet. The packet includes the last meeting minutes behind the agenda. If anyone has comments or corrections, please let us know so that we can update the minutes that are published to the website.

Current AHCCCS Status/Timeline (Lori Petre)

The implementation timeline reflects the same data we discussed a month ago, however the version included in your package is not the most current one. We'll make sure the correct version is sent out. We are about three quarters of the way through system/integration testing. Everything is going well, most of the issues we've encountered so far are clarifications to table updates. Overall, it's going better than expected.

We are going to begin pilot testing on February 7, 2005. Later in the package, we talk about who the pilot test hospitals are going to be, and what we discussed with them concerning options for conducting the pilot test. We were initially missing peer groups from our volunteers, but we have a good class of peer groups now.

Updated Examples (Lori Petre)

As the Testing staff was reviewing the test plans and the documentation associated with this project, they found they were struggling with the same kinds of questions you must deal with: why did it bypass step two and go directly to step three, etc...

So to try and make this an easier process for them, using the initial set of examples on the spreadsheet form, I associated them with those steps taken in the hospital outpatient claim. Then staff tried to walk through those examples, to make sure they progressed logically and really illustrated what it should have done. It's been very helpful for the Test team staff, to see what the claims should do. We hope to do something similar with the control group, but we're still working on that. Please review these examples, give us any questions, or suggestions for additional examples. These are tools for your use, should you choose to do so. One of our less claims experienced, staff was able to use this tool to look at a claim for the first time, and logically walk through the steps.

HP – Will this be posted on the website?

Lori Petre – Yes, this is already on the website.

HP – We talked to our programmers, who are concerned that this doesn't match the decision tree.

Lori Petre – It was not intended to do so. Rather than having all of these examples placed on the decision tree, we'd like to work with this first example. We will put these on the decision tree. If you have any additional examples, we'll add them to this package, rather than having multiple sets of examples and any resulting confusion over which set of examples to use. One set of examples we know are missing, are surgeries. If you have any questions or suggestions, please email the workgroup and reference the example. We will update these examples on the Decision Trees also.

Outstanding Action Items (Lori Petre)

Sara Harper is trying to summarize anything still open. There don't appear to be many open questions left, which have system impacts.

Sara Harper – Some of the issues are the actual values for the tables, including the final rates. These are not finalized yet. These are expected to be finalized in spring. The edit status information for the edit tables also needs to be finalized.

We're working on the first draft of the Provider Manual. We're still at the initial, internal review of that. When that is through, we will define the process to get that out to you. We believe that most of the questions asked, for example modifiers and provider payment, will be covered in this manual. The documentation for the system side is already accessible through the website. We do not anticipate this will have a large impact on the implementation, but please review this.

HP – Where are the Hospitals with the changes they need to make?

Lori Petre – Hospitals are telling us they don't feel there are significant changes in how they process claims and encounters. Most changes were made on the system side. They are pretty on board.

Sara Harper – Our changes are less fundamental than some. Medicare, for instance, is much more concerned with maternity codes.

Lori Petre – Mike, there is an open action item on the 999 lines.

Micheal Upchurch – We have had internal discussions on how we can accommodate the 999 lines. Unfortunately, at this point, none of the developers has given us an estimate that we can live with. We brought in some other agency representatives to discuss this. The third digit touches so many programs that are so integrated into the system. Granted, in some of them, there are not significant changes, but when you have to touch 5000 programs, it is a huge impact. With 5000 programs, the impact of a minor mistake is huge. We do not have a timeline yet; we are still working on it.

HP – Some questions were sent by email.

Lori Petre – do you have that question with you?

HP - We are having difficulty with the N9 record procedure code. Procedure code 10080, do you use the same modifier? The dates are overlapping. We weren't sure what to use.

Mike Upchurch – We have programmers working on that question right now.

HP – Does this Outpatient methodology only to 100-148 and 85X?

Lori Petre – Yes, the bill types are listed at the top of the decision tree.

HP – 100 bill types?

Lori Petre – Yes, although the “Inpatient” bill types are limited to those claims that are same day admit discharge, same day admit transfer, single day Inpatient claims. We couldn’t exclude them, because it does happen occasionally and this is the payment methodology under Hospital Reimbursement for these claims.

HP – Anything that has a same day admit and discharge will pay at cost of charge ratio?

Lori Petre – Typically, but there are some exceptions primarily for maternity as outlined on the decision tree. . We can send some examples.

Action Item:

HP – On the latest test file, the NP record had a strange character.

Mike Upchurch – When was the last time you looked at this? We put a new one out that addressed several items Friday.

Lori Petre – this was a known problem.

HP – We aren’t clear on the use of the Outpatient Specific Fee Schedule.

Lori Petre – Please take a look at the new examples: they take it step by step, giving the table and what we’re calling it.

HP – So your new examples will use “RF”.

Lori Petre – Yes, use it in combination with the Reference matrix we gave you in the last meeting.

Finalization of Documents (Lori Petre)

Sara spoke a little about finalization of documents. We discussed it earlier today, as well. Either later today or early tomorrow, we are going to send out the Final system documents. Please don’t look at any of the others; this will be the final working document. All prior documents are no longer in use.

We had discussion on the best way to communicate future updates, from testing, or pilot testing with hospitals. We have not yet decided what is the best way. We know that we do not like to re-issue multiple 65-page documents each time there is a minor change. It is not our intention to reissue this document again. We will put together a formalization of changes: where they come from, what it impacted, this is what it looks like.

HP – Will you just reissue the page?

Lori Petre – The problem is the impacts any given change may have may not be page specific. It may be that we update the document internally, and then itemize the change, and the pages that are impacted for communication to all of you. We probably will not hold the updates for this meeting, as we will have an internal status meeting once a week. After that meeting we will issue any changes to our contacts right away via email.

HP – Will you update the document on the website?

Lori Petre – We will not be updating the document on the website right away. We will issue a summary of which updates are current. The final actual document will be crafted with the changes itemized and held until implementation.

The final versions coming out later this week will look the same as the last copies we distributed with the exception of the Reference Document. The further we got into the CCI processes for Outpatient claims, the more we realized the Reference table for Outpatient needed to look and function a little different than it does.

We’ll be sending out the final version today or tomorrow. Please throw away any prior copies as they are superseded by the documents we will send out tomorrow. This will be the final posting for some time.

We've identified quite a few things by putting the control group together. We will share everything with you.

Please let us know how this works for you, and if you have any suggestions or questions.

MCO Status Report (Lori Petre)

We now have only one initial Health Plan status meeting to conduct later today, and we are scheduling a few follow up calls. Just a reminder, please email the status updates to me. Initially we wanted them signed and faxed but we now prefer the emailed versions. Please remember, the next one is due this Friday (2/4). We do need to get those every two weeks, even if it's only to say there've been no changes. The next one will be due on the 18th.

Hospitals (Lori Petre)

We had a meeting with the Hospital Workgroup on the 24th. They had a good representation at that meeting. They were all pretty positive. We have a list of pilot test hospitals, included in your package. In addition please make a note to add Copper Queen. If you need contact information for the pilot group, please email the workgroup, and we will share that. Pilot testing begins on Monday, February 7, 2005.

Testing (Lori Petre)

Directly behind the list of pilot hospitals is a high-level test plan that we shared with the Hospital Workgroup, just to give an idea of our Testing approach. We are wrapping up initial system/integration testing. Although this will be ongoing, they're doing an initial push to make ready for pilot testing

It is our goal to do at least a minimum level of testing with all hospitals. Even if it's only to take a group of 20 claims and run it through with them to make sure they're comfortable with the new process.

On the left side of the table lists a group of testing options for the Hospitals. Basically, they can submit to us some live claims, either paper or electronic, or they can send us the criteria of claims they want to see, and we will put those together for them. We tried to give them several options, while keeping it as simple as possible. We do not yet know which options the pilot test hospitals will be using. We will share that as soon as possible. By the next meeting we should be able to share how we're doing with that and where we are.

HP – We're contracted with out of state border hospitals. How will they be handled?

Lori Petre – They will be paid at cost of charge, unless your contract says otherwise.

HP – So even if they send in line item, it will still pay at cost of charge.

Sara Harper – unless they have fee schedule contracts.

Lori Petre – The documentation lists these pricing methodologies as applying specifically for AZ hospitals. If you have a contract with different payment methodologies, you can continue to use that for both in and out of state Hospitals as it applies.

The last document in your package is an Overall Project Calendar with key dates listed. It lists when Reference Extracts will be available, when testing will happen, key milestones, when cycles will be run, when status reports are due, when consortiums are scheduled, etc... If you have suggestions for other items to note, please let us know.

HP – Is the 837 pieces ready for testing?

Lori Petre – Yes. But please note that we are still conducting tests internally, so while we'd welcome you testing as soon as you are ready you may need to expect to see a few more bugs than normal.

Next Meeting – March 8, 2005, 1 – 3:30 P.M. (Lori Petre)

We will schedule the next meeting for four weeks from now, unless you decide you need it sooner. Please send emails directly to me concerning the meetings, if you want them earlier, by the middle of the day tomorrow, and we will finalize the schedule until July. Knowing that you will have the individual meetings as well.

Just to summarize some key points of today's meeting:

Please send your status reports directly to my email address; questions and suggestions please send to the Outpatient Workgroup.

The Final System Proposals will be sent to you. Changes thereafter will be summarized differently.

We'll let you know the progress of the 999 lines analysis.

Thank you!